١, ٠		CJA 24	AUTHORIZATION A	AND VOUCHER FOR	PAYMENT OF TRAN	SCRIPT		
1. CIR./DIST./DIV. CODE ALM		REPRESENTED m, III., Georg	cpresented a, III., George David		VOUCHER NUMBER			
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000137-001		5. APPEALS DKT/DEF. NUMBER 6. OTHI		6. OTHER DKT.	HER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)		8, PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE		
U.S. v. Salum, III.		Felony		Adult Defendant		(See Instructions) Criminal Case		
11. offense(s) charged (0 1) 18 1030A.F FRAU	Cite U.S. Code, JD ACTIV	Title & Section) ITY CONNE	If more than one offen: CTE D WITH	se, list (up to five) major of COMPUTERS	fenses charged, according t	o severity of offense.		
		REQUI	EST AND AUTHORI	ZATION FOR TRANS	CRIPT			
APPEAL TO TH					S, 11TH C	CIRCUIT		
13. PROCEEDING TO statement, prosecution	BE TRANSCR	IBED (Describe sp	ecifically), NOTE; The i	trial transcripts are not to	nclude prosecution opening	g statement, defense ope	ning	
7/26/05 PRET	RIAL C	NF. BEF	ORE MAG.	JUDGE BO	YD, SENTE	NCING HE	LD 2/23/0	
BEFORE JUDGE 14. SPECIAL AUTHOR	IZATIONS (Se	rvices Oth er Than	Ordinary)	ENTREKIN	, COURT R		Judge's Initials	
A. Apportioned Cost			se name and defendant	·				
B.		Hourly Transcript	Real Time Uned	Prosecution Rebuttal	· · · · · · · · · · · · · · · · · · ·			
☐ Defense Opening	g Statement	☐ Prosecutio ☐ Defense A	rgument 🔲	Voir Dire	☐ Jury Instructions			
D. In this multi-defends to persons proceedin			ranscripts will impede	the delivery of accelerate	d transcript services			
5. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that				16. COURT ORDER				
the transcript requested is nec request authorization to obtai	e representation. 1, the	refore,	Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted.					
States pursuant to the Crimi	al Justice Act.	vices at the expense of	ine Officed		1		ļ	
Down M She	ehr	***************************************	4 23/01	y.	eli pe	D G	[
Double M S	hocke	, .	Date	4-20-	7	r By Order of the Court	ĺ	
Printell Name	24		Date of Orc	er — —	Nunc Pro Tunc Date	>		
Felephone Number:					/			
			CLAIM FOR	SERVICES				
7. COURT REPORTER/TRA			Other		E (First Name, M.I., Las	st Name, including any	suffix,)	
9. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE				Risa L. Entrekin				
On file				P.O. Box 511 Montgomery	AL 36/05-5	5112 1011e Number: <u>334</u> -	240-2405	
0. TRANSCRIPT		Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount Apportioned	Total	
	6/05	/-30	30	3.3 •	99.00		99.00	
Expenses (itemize):	13/07	/- /33	/33	3.3 •	438.90		438.90	
			TOTAL AMOUNT CLAIMED:			537.90		
1. CLAIMANT'S CERTIFICATION of the color of the color of the certify that the above of				thi or received narmoni (eee		1 -> 6		
other source for these services. Signature of Claimant/Payee:	Pisa d	& Contra		Date:	5/3/07	lue) from any		
	•		ATTORNEY CERTI					
2. CERTIFICATION OF ATT Down M. Signature of Attorney or C	Jan	CLERK I hereby (certify that t he servic —	es were rendered and the $\sqrt{4/0}$	nat the transcript was re	eceived,		
Signature of Anomey of C	TOTA	APPR(OVED FOR PAYME	NT - COURT USE ON	LY.			
3. APPROVED FOR PAYME	Ar.					24	. AMOUNT APPROVED	
Signature of Judicial Office	er or Clerk	· · · · · · · · · · · · · · · · · · ·	_	9 my 200	<u>a</u>	*	537 9D	